

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22123**

FILED JUL 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>184</u>	PRIMARY REG. DIST. NO. <u>3038</u>	Registrar's No. <u>311</u>
1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield Mo.</u>		c. LENGTH OF STAY (In this place) <u>5.3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>119 W. North</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>C</u>	c. (Last) <u>Stuetz</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1953</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 6 1874</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired A.R. Switshman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Clarence Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred C. Stuetz</u>		
13b. MOTHER'S MAIDEN NAME <u>Lela Stuetz</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Stuetz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Max Lela Stuetz</u> ADDRESS <u>Brookfield</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Paroxysmal Angina pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Occlusion</u>		DUE TO (c)		<u>1/4 day</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malignant Hypertension</u>				<u>4 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>591 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Apr 15, 1947</u> , to <u>June 29, 1953</u> , that I last saw the deceased alive on <u>June 29, 1953</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Row R. Haley</u> (Degree or title) <u>0 M.D.</u>		23b. ADDRESS <u>18 E. Brooks Brookfield</u>		23c. DATE SIGNED <u>July 1, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael's Cemetery Brookfield Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-2-53</u> REGISTRAR'S SIGNATURE <u>Nadine Standauch</u> 167 sep		
25. FUNERAL DIRECTOR'S SIGNATURE <u>James Bowden</u> ADDRESS <u>Brookfield Mo.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed Walter Bowden.....

Licensed Embalmer No. 3295.....

P. O. Address Brookfield Ma.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.